

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s): Paul	A. Worsowicz; Heidi L. Kro	<u>ll</u>
II. Name of Lobbyist's partnership, fir	m or corporation, if any:	
	LLAGHER, CALLAHAN & 214 North Main Street, Cor	
603-228-1181	603-226-3477	worsowicz@gcglaw.com
(Telephone)	(Fax)	(Email)
III. This statement covers: (Choose on reportable expense transactions which		each client, OR you may file a separate report for one client.)
All reportable transactions occurr	ing in the month prior to the r	reporting date relative to the following client.
	LIFE COPING,	
(Full Name of	Client as it appears on the Lo	bbyist Registration Form)
All reportable transactions by the unrelated to any particular client.	lobbyist (including the lobby	ist's family), or the lobbying firm listed below which are
IV. Date of Report: April 26, 20	17 X	July 26, 2017 □
-	f registration to 3/31/17	activity from 4/1/17 to 6/30/17
October 25,	2017 🗆	January 24, 2018 🛘
activity from 7/1/.	17 to 9/30/17	activity from 10/1/17 to 12/31/17
V. There have been no fees received an If this box is checked, complete just this f Concord, NH 03301.		s made since the last report. etary of State's Office, State House, Room 204,
VI. Check if additional reports are at	ached:	
		Addendum A – Fees and Expenses
h	r reimbursed expenses, you n	nust file Addendum B – Report of Honorariums or
	nas made political contributio	ns, you must file Addendum C – Political Contribution
Sworn Statement/Affirmation by Lobb I have read RSA 15, RSA 15-B and RSA to the best of my knowledge and belief.	yist 664 and hereby swear or affi	rm that the foregoing information is true and complete
Caul ah orsowe	· ·	4-20-17 (Date)
(Signature of Lobbyist)	r	(Date)
Paul A. Worsowicz		
(Print Name of lobbyist)		RFCFIVED

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NEW HAMPSHIRE DEPARTMENT OF STATE P



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Paul A. Worsowicz; Heidi L. Kroll		
II. Name of lobbyist's partnership, firm or corporation, if any:		
GALLAGHER, CALLAHAN & GARTRE	LL, P.C.	
(Name of partnership, firm or corporation	on)	
III. Name of Client LIFE COPING, INC.	Date April 26,	2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above the lobbying, including fees for services such as public advocacy, government relatincluding research, monitoring legislation, and related legal work. The gross feeby any expenses:	tions, or public relation	ons services,
a) Total of all fees received in this reporting period	a) \$	6,600.00
b) Total of all fees received this calendar year, prior to this reporting period. (This should equal the total prior monthly reports for this calendar year.)	b) \$	0.00
c) Total of all fees received to date. (Add lines a and b)	c) \$ 	6,600.00
d) Indicate the amount of any such fees that are due, but have not yet been paid.	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each clilobyist(s)/firm that are unrelated to any one client a separate report may be are to be reported in one of three categories of expenses: (a) the aggregat reporting period for salaries, benefits, support staff, and office expenses; (bexpenses where the expenditure was of \$25.00 or less (for example: meals put the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 the purchase of a ceremonial object given to a person being lobbied with a value statement of each individual expenditure made during this reporting period of covered by (a) (for example: purchase of a meal with value of greater than \$25 given to the subject of lobbying with a value greater than \$25, but not great legislative reception). Expenses for honorariums, expense reimbursement, or on separate addendums and should not be reported on Addendum A.	ent and if expenditurilled for the lobbyist(see total of all expense) the aggregate total archased during a bust at is given to the per of \$25.00 or less); a greater than \$25.00 ft, purchase of a cerer ter than \$50, restaurater	es are made by the s)/firm. Expenses es paid during the l of all individua siness lunch where son being lobbied and (c) an itemized or any purpose no monial object to be ant expenses for a
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a) \$ b) \$	4,875.00
in a), of \$25 or less.	c) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.		100.00

d) Total expenses for this reporting period. (Add lines a, b and c.)	d) \$ _	4,975.00		
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)	e) \$	0.00		
f) Total of all expenses year to date.	f) \$ _	4,975.00		
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees du period, including by whom paid or to whom charged.	ring this	reporting		
Paid to:	An	nount		
State of NH	\$	100.00		
State of 141	\$			
	\$	-		
	\$			
	\$			
	\$			
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Company (Signature of lobbyist) (Date)				
Paul A. Worsowicz				
(Print Name of Lobbyist)				

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: LIFE COPING, INC.

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn	Stater	nent/Aff	īrma	tion	by Lo	obbyist
Statem	ent of	Income	and i	Expe	nses	for:

Statement of Income and Expenses for:				
Nam	e of Lobbying partr	nership, firm or corporat	ion: GALLAGHER, CAL	LAHAN & GARTRELL, P.C.
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Life Coping, Inc.				
Date	of Report (check o	ne):		
	.,	,		
April	26, 2017	July 26, 2017 □	October 25, 2017 🗆	January 24, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):				
1	Addendum A(s).			
0	Addendum B(s).			
0	Addendum C(s).			
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.				
<u> </u>	Juli 7. Ku	U		4/20/17
(Sig	nature of Lobbyist)			(Date)
	di L. Kroll		<u>-</u>	
(Pri	nt Name of lobbyis	t)		